## Supervisor Observation and Evaluation of Clinical Activity of a Trainee (Assessment) Revised 9/23/21

cognitive/physical impairment

Trainee	Date			
Supervisor	Site:			
Type of Clin	ical Activity			
	Outpatient Psychological Evaluation			
	Crisis Evaluation			
	Warm Hand-off			
	Outpatient Psychological/Neuropsychological Evaluation with Testing			
	Other:			
Rapport and	d Agenda Setting			
Rapport		Yes	No	N/A
Smiles, intro	oduces self to patient and other social support present			
Shows "liste	ening" body position and eye contact			
Looks at pat	tient when talking or listening			
Notes patie	nt clues to their affect and responds with pauses, listening and empathy behaviors,			
including ap	propriate matching of affect/use of humor			
Responds w	rell to any communication strains through interview			
Demonstrat	es sensitivity to ethnicity, family culture, community culture, sexual orientation, or			

0 71 7 1			
Learns about patient's life and circumstances as well as current medical issues			
Agenda Setting	Yes	No	N/A
Verifies patient identity, clarifies trainee status and supervisor name			
Orients patient to purpose of the meeting including structure/goals/time of the session			
Gets input/agreement from patient about the agenda for the meeting and priorities			
Introduces computer, typing into patient's record, note-taking			
Discusses issues about confidentiality/Patient Services Agreement			
If applicable, elicits circumstances of the referral and main concern			

Rating in this Category (Rapport and Agenda Setting)	
Satisfactory (Meets expectation)	Unsatisfactory (Needs improvement)

Assessment			
Preparations	Yes	No	N/A
Reviews medical record & other relevant records			
Discusses case with PCP prior to meeting with patient			
Key Aspects of Assessment	Yes	No	N/A

Guides patient through interview with appropriate balance of structure and flexibility Asks high number of open ended questions, followed by focused probes for detail

Elicits patient's perspective on main concerns, what helps, expectations for the evaluation and/or treatment

Elicits information to assess patient's safety (i.e., suicidality and abuse/neglect)

Comments:

Elicits information to assess biological influences (specific medical illness, medication, other treatments, etc.)

Elicits information about school functioning (academic information and behavior) for pediatrict patients

Elicits information about family functioning (problems, family psychiatric history, and stressors as well as strengths that may help with treatment plan)

Responds well to challenging patient behavior (e.g. tangential, limited disclosure, distractable behavior, etc.) to maintain good time and relationship management

Selection/administration/and scoring of behavioral questionnaires or psychological tests (if applicable)

Manages time well so that important agenda items are sufficiently addressed

Rating in this Category (Assessment)			
Satisfactory (Meets expectation) Unsatisfact	ory (Needs improvement)		
Comments:			
Biopsychosocial Case Conceptualization			
Integrative Conceptualization and Diagnosis	Yes	No	N/A
Identifies the most important or central problems/concerns			
Identifies strengths			
Accurately understands biological influences on behavior (medical illnesses, prescription drugs,			
sleep problems), or seeks out needed information			
Appropriately considers all relevant information/data, even when it may not easily fit in with			
other sources of information; integrates into cohesive conceptualization			
Selects appropriate diagnosis(es)			
Rating in this Category (Biopsychosocial Case Conceptualization)			
	ory (Needs improvement)		
ca	., (,		
Comments:			
Communication with Others: Documentation and Collaborative Care			
Documentation	Yes	No	N/A
Enters important information accurately into Medical Record			
Completes psychological assessment report within designated time			

Collaborative Care
Copies notes to PCP
Communicates key issues with PCP

Rating in this Category (Communication with Others)	
Satisfactory (Meets expectation)	Unsatisfactory (Needs improvement)
Percentage of items rated yes: Yes/Total # of rated items (eliminate N/A ratings)	
Areas of strength: Areas for growth:	
Other comments:	
Signature of Supervisor/Date	Signature of Trainee/Date